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**CENTRAL FAX CENTER****DEC 26 2007****FAX TRANSMISSION****DATE:** December 26, 2007**PTO IDENTIFIER:** Application Number 10/725,862-Conf. #2792  
Patent Number**Inventor:** Kenji ICHIKAWA et al.**MESSAGE TO:** US Patent and Trademark Office/ MS RCE**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

AAL/Neslihan I. Doran/cfo

**PHONE:** (617) 994-0753**Attorney Dkt. #:** TOWK-015RCE**PAGES (Including Cover Sheet):** 13**CONTENTS:** Fee Transmittal (1 page, in duplicate)  
Amendment/Reply (6 pages)  
Request for Continued Examination Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Request for Change of Attorney Docket Number (1 page)  
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DEC 26 2007

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0631-0031

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Application No. (if known): 10/725,862

Attorney Docket No.: TOWK-015RCE

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on December 26, 2007  
Date



Signature

Neslihan I. Doran

Typed or printed name of person signing Certificate

L0389

Registration Number, if applicable

(617) 994-0753

Telephone Number

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DEC 26 2007

PTO/SS/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/725,862-Conf. #2792
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,270.00		Filing Date	December 1, 2003
		First Named Inventor	Kenji ICHIKAWA
		Examiner Name	M. Ruthkosky
		Art Unit	1745
		Attorney Docket No.	TOWK-015RCE

  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 12-0080    Deposit Account Name: Lahive & Cockfield, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

  

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 =		x	=				
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
- 3 =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/50 =	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (c.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							810.00
1252 Extension for response within second month							460.00

  

<b>SUBMITTED BY</b>			
Signature	<i>Neslihan</i>	Registration No. (Attorney/Agent)	L0389
Name (Print/Type)	Neslihan I. Doran	Telephone	(617) 994-0753
		Date	December 26, 2007

  

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS RCE, Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450, on the date shown below.	
Dated: December 26, 2007	Signature: <i>Neslihan</i> (Neslihan I. Doran)

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Docket No.: TOWK-015RCE  
(PATENT)

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Dated: December 26, 2007 Signature: \_\_\_\_\_  
(Neslihan I. Doran)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Kenji Ichikawa *et al.*

Application No.: 10/725,862

Confirmation No.: 2792

Filed: December 1, 2003

Art Unit: 1745

For: PRESSURE REGULATOR FOR FUEL CELL

Examiner: M. Ruthkosky

**REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER**

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed.  
Please take notice that the Attorney Docket Number for this application should now be as follows:

**TOWK-015RCE**

Please reference TOWK-015RCE on all future correspondence.

Dated: December 26, 2007

Respectfully submitted,

By Neslihan I. Doran  
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